



FAMILY NAME

MRN

GIVEN NAME

MALE FEMALE

D.O.B. ____ / ____ / ____

M.O.

Facility:

ADDRESS

**HIV OUTREACH TEAM
CLIENT CONSENT**

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

The HIV Outreach Team requests your written permission for the purposes of consent. This form has been explained to me and

I, _____
(Full Name of Client)

have agreed / my carer has agreed to this Health Assessment and understand the recommendations made. Additionally I give consent for the HIV Outreach Team to disclose my health and personal information to be shared with my GP, other medical services, community worker and housing providers when needed for my care or to ensure the safety of those working with me. This consent is valid for 12 months and I also understand that I can withdraw this consent at any time, by contacting the Project Manager, HIV Outreach Team, in person, by telephone or in writing:-

Legal limitations to confidentiality may potentially require a staff member to disclose your information to a third party without your consent, for example where:

1. the staff member is concerned that you may harm yourself or others;
2. a child or young person is at risk;
3. a Court of Law instructs us to disclose your information.

For further information please refer to the NSW Health Information Privacy Leaflet for patients or speak to your Case Manager

Is there anyone that you DO NOT want your personal information for care and services being discussed with?

Please advise whom: _____ Relationship _____

Please advise whom: _____ Relationship _____

Where it is not possible to comply with this request, the Program Manager, HIV Outreach Team will discuss this with you personally.

I understand and give my consent to the disclosure of information as outlined above.

x _____
(Signature of Client)

(Full name of Staff)

x _____
(Date)

(Signature of Staff)

Or _____
(Signature of person on behalf of client (*))

(Date)

(* If under protective order or power of attorney / Proof required



SES020069

Holes Punched as per AS2828 1: 2012
BINDING MARGIN - NO WRITING

S0937 240616



FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B ____ / ____ / ____	M.O	
ADDRESS		
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COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

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**HIV OUTREACH TEAM
CLIENT CONSENT**

100 Point ID Check for patient matching and identification

The 100 point identification check must be completed and checked for all clients prior to signing a consent form.

- (a) Staff are required to sight the details of original identifying documents, as listed below. There is no requirement to retain copies of the identifying documents.
- (b) Identification must be current and must include (where possible) at least one type of photographic ID and identification that contains a signature and date of birth. Medicare, Passport and / or Driver's License are preferred.
- (c) The point score of documents produced must total at least 100 points (see below).

DOCUMENTS	POINTS
<p>Primary - Only one form of identification accepted from this category:</p> <ul style="list-style-type: none"> • Birth Certificate / Birth Extract • Australian Citizenship Certificate • Australian passport (current or expired within the past two years but not cancelled) • International passport (current or expired within the past two years but not cancelled) • Other document of identity having same characteristics as a passport e.g. diplomatic / refugee (Photo or signature) 	70
<p>Secondary – the initial secondary document will score 40 points, any additional documents will be awarded 25 points each:</p> <ul style="list-style-type: none"> • Current driver photo licence issued by an Australian state or territory • Current Registration or Permit (Government Issued) • ASIC / MSIC Card • Working with Children / Teachers Registration Card • Public Employee Photo ID (Government Issued) • Department of Veterans Affairs Card • Centrelink Pensioner Concession Card or Health Care Card • Current Tertiary Education Institution Photo ID. • Reference from a Doctor (must have known the applicant for a period of at least 12 months) 	40 or 25
<ul style="list-style-type: none"> • Foreign driver's licence • Proof of aged card (Government issued) • Medicare Card / private Health Care Card • Council rates notice • Property Lease / rent agreement • Property Insurance Papers • Tax Declaration • Superannuation Statement • Seniors Card • Electoral roll compiled by the Australian Electoral Commission • Motor Vehicle Registration or Insurance Documents • Professional or Trade Association Card 	25
<p>If more than one of these documents are used, they must be from different organisations:</p> <ul style="list-style-type: none"> • Current Utility bills (e.g. telephone, water, gas or electricity) • Credit / Debit card • Bank Statement / Passbook 	

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